

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MEUSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SCHELLER, LISA, J., MS.,**

Mailing Address 751 BENNER RD

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ALLENTOWN | State<br>PA | Zip Code<br>18104-3300 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                |                     |
|--------------------------------|---------------------|
| Name of Employer<br>SILBERLINE | Occupation<br>OWNER |
|--------------------------------|---------------------|

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 21 2020

Transaction ID : A6027FDD7DFAB4D9C9ED

Amount of Each Receipt this Period

– 2800.00

☒ Memo Item  
REDESIGNATION FROM

**B.** Full Name (Last, First, Middle Initial)  
**SCHELLER, LISA, J., MS.,**

Mailing Address 751 BENNER RD

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ALLENTOWN | State<br>PA | Zip Code<br>18104-3300 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                |                     |
|--------------------------------|---------------------|
| Name of Employer<br>SILBERLINE | Occupation<br>OWNER |
|--------------------------------|---------------------|

Receipt For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 21 2020

Transaction ID : A02EBD9889092467EB23

Amount of Each Receipt this Period

2800.00

☒ Memo Item  
REDESIGNATION TO

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00  
7050.00